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APPLICANTS

Van L. Phillips, Albion, CA;
 Hilary Pouchak, Carlsbad, CA;

**** CONTINUING DATA *******
 This application is a CIP of 09/288,869 04/09/1999 PAT 6,280,479
 which is a CIP of 09/138,357 08/21/1998 PAT 6,206,934
 which claims benefit of 60/081,472 04/10/1998

**** FOREIGN APPLICATIONS *******

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 26	TOTAL CLAIMS 61	INDEPENDENT CLAIMS 9
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ADDRESS
 20995
 KNOBBE MARTENS OLSON & BEAR LLP
 2040 MAIN STREET
 FOURTEENTH FLOOR
 IRVINE , CA
 92614

TITLE
 FOOT PROSTHESIS HAVING CUSHIONED ANKLE

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of
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